

**Department of Public Health and Social Services  
Division of Environmental Health  
Food Establishment Inspection Report**

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INSPECTION	RSN	TYPE	GRADE	INSPECTION DATE	ESTABLISHMENT NAME
Regular	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>7</u>	<u>8/24/17</u>	<u>CINNABON</u>
Follow-up	<input type="checkbox"/>	<input type="checkbox"/>		TIME IN	TIME OUT
Complaint	<input type="checkbox"/>	<input type="checkbox"/>	RATING	<u>3:00PM</u>	<u>4:00PM</u>
Investigation	<input type="checkbox"/>	<input type="checkbox"/>	<u>A</u>	SANITARY PERMIT NO.	PERMIT HOLDER
Other:	<input type="checkbox"/>	<input type="checkbox"/>		<u>170001640</u>	<u>ONO BUNS, INC.</u>
ESTABLISHMENT TYPE				AREA	TELEPHONE
<u>RESTAURANT</u>				<u>1</u>	<u>633-2667</u>
				No. of Risk Factor/Intervention Violations	RISK CATEGORY
				<u>1</u>	<u>3</u>
				No. of Repeat Risk Factor/Intervention Violations	
				<u>N/A</u>	

**FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS**

Circle designated compliance (IN, OUT, N/O, N/A) for each numbered item. Mark "X" in appropriate box for COS and/or R.

IN = In compliance OUT = Not in compliance N/O = Not observed N/A = Not applicable COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS
<b>Supervision</b>					
1	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Person in charge present, demonstrates knowledge, and performance duties			6
<b>Employee Health</b>					
2	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Management awareness; policy present			6
3	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper use of reporting, restriction & exclusion			6
<b>Good Hygienic Practices</b>					
4	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper eating, tasting, drinking, betelnut, or tobacco use			6
5	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	No discharge from eyes, nose, and mouth			6
<b>Preventing Contamination by Hands</b>					
6	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	Hands clean and properly washed			6
7	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input type="checkbox"/> N/O	No bare hand contact with ready-to-eat foods or approved alternate method properly followed			6
8	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Adequate handwashing facilities supplied & accessible			6
<b>Approved Source</b>					
9	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food obtained from approved source			6
10	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/O	Food received at proper temperature			6
11	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Food in good condition, safe, and unadulterated			6
12	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Required records available: shellstock tags, parasite destruction			6
<b>Protection from Contamination</b>					
13	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food separated and protected			6
14	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input type="checkbox"/> N/A	Food contact surfaces: cleaned & sanitized			6
15	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Proper disposition of returned, previously served, reconditioned, and unsafe food			6

  

Compliance Status			COS	R	PTS
<b>Potentially Hazardous Food (TCS Food)</b>					
16	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooking time and temperatures			6
17	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper reheating procedures for hot holding			6
18	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cooling time and temperature			6
19	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper hot holding temperatures			6
20	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper cold holding temperatures			6
21	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A <input type="checkbox"/> N/O	Proper date marking and disposition			6
<b>Consumer Advisory</b>					
22	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Consumer Advisory provided for raw or undercooked foods			6
<b>Highly Susceptible Populations</b>					
23	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Pasteurized Foods used; prohibited foods not offered			6
<b>Chemical</b>					
24	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Food additives: approved and properly used			6
25	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT	Toxic substances properly identified, stored, used			6
<b>Conformance with Approved Procedures</b>					
26	<input checked="" type="checkbox"/> IN <input type="checkbox"/> OUT <input checked="" type="checkbox"/> N/A	Compliance with variance, specialized process, and HACCP plan			6

Risk factors are improper practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. Public Health interventions are control measures to prevent foodborne illness or injury.

**GOOD RETAIL PRACTICES**

Good Retail Practices are preventative measures to control the introduction of pathogens, chemicals, and physical objects into foods.

Mark "X" in box: If numbered item is not in compliance and/or if COS and/or R. COS = Corrected on-site during inspection R = Repeat violation PTS = Demerit points

Compliance Status			COS	R	PTS
<b>Safe Food and Water</b>					
27	<input type="checkbox"/>	Pasteurized eggs used where required			1
28	<input type="checkbox"/>	Water and Ice from approved source			2
29	<input type="checkbox"/>	Variance obtained for specialized processing methods			1
<b>Food Temperature Control</b>					
30	<input type="checkbox"/>	Proper cooling methods used: adequate equipment for temperature control			1
31	<input type="checkbox"/>	Plant food properly cooked for hot holding			1
32	<input type="checkbox"/>	Approved thawing methods used			1
33	<input type="checkbox"/>	Thermometer provided and accurate			1
<b>Food Identification</b>					
34	<input type="checkbox"/>	Food properly labeled: original container			1
<b>Prevention of Food Contamination</b>					
35	<input type="checkbox"/>	Insects, rodents, and animals not present			2
36	<input type="checkbox"/>	Contamination prevented during food preparation, storage & display			1
37	<input type="checkbox"/>	Personal cleanliness			1
38	<input type="checkbox"/>	Wiping cloths: properly used and stored			1
39	<input type="checkbox"/>	Washing fruits and vegetables			1

  

Compliance Status			COS	R	PTS
<b>Proper Use of Utensils</b>					
40	<input type="checkbox"/>	In-use utensils: properly stored			1
41	<input type="checkbox"/>	Utensils, equipment and linens: properly stored, dried, handled			1
42	<input type="checkbox"/>	Single-use/single-service articles: properly stored, used			1
43	<input type="checkbox"/>	Gloves used properly			1
<b>Utensils, Equipment and Vending</b>					
44	<input type="checkbox"/>	Food and nonfood-contact surfaces: cleanable, properly designed, constructed, and used			1
45	<input type="checkbox"/>	Warewashing facilities: installed, maintained, used; test strips			1
46	<input type="checkbox"/>	Nonfood-contact surfaces clean			1
<b>Physical Facilities</b>					
47	<input type="checkbox"/>	Hot & cold water available, adequate pressure			2
48	<input type="checkbox"/>	Plumbing installed; proper backflow devices			2
49	<input type="checkbox"/>	Sewage and wastewater properly disposed			2
50	<input type="checkbox"/>	Toilet facilities: properly constructed, supplied, & cleaned			2
51	<input type="checkbox"/>	Garbage/refuse properly disposed; facilities maintained			2
52	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean			1
53	<input type="checkbox"/>	Adequate ventilation and lighting: designated areas use			1

I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.

Person in Charge (Print and Sign) <u>MERCEDES M. LAJAN</u>	Date: <u>8/24/17</u>	
DEH Inspector (Print and Sign) <u>J. CRUZ</u> <u>D. MITCHELL</u> <u>J. GARCIA</u>	Follow-up (Circle one): <u>YES</u> NO	Follow-up Date <u>9/3/17</u>

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ESTABLISHMENT NAME <b>CINNABON</b>		LOCATION (Address) <b>UNIT N-104 1084 W. LOT 5047-2-1 IN EWS 5013-3-1 MARINE CORP DRIVE</b>
INSPECTION DATE <b>8/24/17</b>	SANITARY PERMIT NO. <b>170001680</b>	PERMIT HOLDER <b>OND BUNS, INC.</b>

TEMPERATURE OBSERVATIONS

Item/Location	Temperature (° F)	Item/Location	Temperature (° F)

ITEM NO.	OBSERVATIONS AND CORRECTIVE ACTIONS	CORRECT BY DATE
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Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code.

	A REGULAR INSPECTION WAS CONDUCTED. NO PREVIOUS INSPECTION CONDUCTED.	
	THE FOLLOWING WAS OBSERVED:	
#4	HANDWASH SINK IN SERVICE AREA INACCESSIBLE. HANDWASH SINK SHALL BE EASILY ACCESSIBLE TO PROMOTE PROPER HANDWASH HYGIENE.	9/3/17
#52	HOLES OBSERVED IN CEILING TILES IN KITCHEN AREA. PHYSICAL FACILITIES SHALL BE PROPERLY MAINTAINED TO PREVENT POSSIBLE PHYSICAL HAZARDS	9/24/17
	'A' PLACARD #02151 ISSUED	
	BRIEFED PIC ON ABOVE	

Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Print and Sign) <b>MERCEDES M. LAITAN</b>	Date: <b>8/24/17</b>
DEH Inspector (Print and Sign) <b>J. CRUZ / D. MITCHELL</b>	Date: <b>8/24/17</b>